Fill in this information to identify your case:							
Debtor 1	Anthony	J.	Oliveri, Jr.				
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	Debra	Lynn	Oliveri				
	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		Middle District of Pennsylvania					
Case number (if known)							

Check as d	irected in lines 17 and 21:
According to Statement:	o the calculations required by this
1. Dispo under 11	sable income is not determined I U.S.C. § 1325(b)(3).
	sable income is determined I U.S.C. § 1325(b)(3).
<b>☑</b> 3. The c	ommitment period is 3 years.
4. The c	ommitment period is 5 years.
Check if	this is an amended filing

## Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income** and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

## **Calculate Your Average Monthly Income**

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

			Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<ol> <li>Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).</li> </ol>			\$6,080.00	\$0.00
3. Alimony and maintenance payments. Do not include		\$0.00	\$0.00	
4. All amounts from any source which are regularly pair your dependents, including child support. Include requirements partner, members of your household, your croommates. Do not include payments from a spouse. If on line 3.	n	\$0.00	\$0.00	
Net income from operating a business, profession, of farm		ebtor 2		
Gross receipts (before all deductions)	\$0.00	\$0.00		
Ordinary and necessary operating expenses	- \$0.00 -	\$0.00		
Net monthly income from a business, profession, or fail	\$0.00	\$0.00 Copy	50.00	\$0.00
6. Net income from rental and other real property	Debtor 1 D	ebtor 2		
Gross receipts (before all deductions)	\$0.00	\$0.00		
Ordinary and necessary operating expenses	- \$0.00 -	\$0.00		
Net monthly income from rental or other real property	\$0.00	\$0.00 Copy	50.00	\$0.00

Desc

Debtor 1 Debtor 2 Anthony J. Oliveri, Jr. <u>Debra</u> Oliveri Lynn

Case number (if known) 5:23-bk-02286-MJC

First Name	Middle Name	Last Name				
				Column A Debtor 1	Column B  Debtor 2 or  non-filing spous	se
7. Interest, dividends, and royalties	;			\$0.		0.00
8. Unemployment compensation				\$0.	00 \$0	0.00
Do not enter the amount if you co	ntend that the amour	nt received was a b	enefit under	-	_	<del></del>
the Social Security Act. Instead, li	st it here:		↓			
For you			\$0.00			
For your spouse		<del>-</del>	\$0.00			
9. Pension or retirement income. Dunder the Social Security Act. Als include any compensation, pension States Government in connection death of a member of the uniform under chapter 61 of title 10, then exceed the amount of retired pay under any provision of title 10 oth 10. Income from all other sources in the social security of the sources in the social security of the social security.	to, except as stated in con, pay, annuity, or all with a disability, commed services. If you reinclude that pay only to which you would cer than chapter 61 of not listed above. Spe	n the next sentence lowance paid by the nbat-related injury of eceived any retired to the extent that in otherwise be entitled that title.	e, do not le United or disability, or pay paid t does not ed if retired d amount. Do	\$0.	00 \$0	0.00
not include any benefits received a victim of a war crime, a crime a terrorism; or compensation, pensitates Government in connection death of a member of the uniform separate page and put the total leads of the control of the contr	against humanity, or i sion, pay, annuity, or n with a disability, co ned services. If nece:	nternational or dor allowance paid by mbat-related injury	nestic the United or disability, or			
Total amounts from separate page	es if any					
rotal amounts from separate page	35, II ally.			+	_	
11. Calculate your total average mo	•	•	or each	\$6,080.0	90 + \$0	.00 = \$6,080.00
column. Then add the total for C	olullin A to the total i	or Column B.				Total average
Part 2: Determine How to Mea	ocuro Vour Doduc	tions from Inc.				monthly income
Part 24 Determine now to mea	isure four Deduc	tions from inco	ome			
12. Copy your total average month	ly income from line 1	11				\$6,080.00
13. Calculate the marital adjustmen	ıt. Check one:					
You are not married. Fill in 0 be	low.					
You are married and your spou		Fill in 0 below.				
You are married and your spou						
Fill in the amount of the income your dependents, such as paym dependents.	listed in line 11, Colu	umn B, that was N				
Below, specify the basis for exc additional adjustments on a sep		nd the amount of ir	ncome devoted to	each purpose. If no	ecessary, list	
If this adjustment does not appl	y, enter 0 below.					
			<u> </u>			
<del></del>						
-			_ +_			
Total				\$0.00	Copy here. $ ightarrow$	<b>-</b> \$0.00
14. Your current monthly income. S	Subtract the total in lin	ne 13 from line 12.				\$6,080.00

Desc

Debtor 1 Debtor 2	Anthony Debra First Name	J. Lynn Middle Name	Oliveri, Jr. Oliveri Last Name	Case number (if known) <u>5</u>	:23-bk-02286-MJC
15 Coloulata					
	-	-	ear. Follow these steps:		\$6.080.00
·	•	(the number of montl			<b>x</b> 12
15b. The	e result is your curre	ent monthly income f	or the year for this part of th	ne form	\$72,960.00
16 Calculate	the median family	income that applies	s to you. Follow these steps	3:	
	in the state in which		•	nnsylvania	
16b. Fill	in the number of pe	eople in your househ	old.	2	
		•			\$80,321.00
			mounts, go online using the be available at the bankrupt	link specified in the separate cy clerk's office.	
17. <b>How do t</b>	he lines compare?				
_	U.S.C. § 1325(b)	(3). <b>Go to Part 3.</b> Do	NOT fill out Calculation of	f this form, check box 1, <i>Disposable income is not dei</i> Your Disposable Income (Official Form 122C–2). check box 2, <i>Disposable income is determined unde</i>	
	1325(b)(3). <b>Go to</b>		alculation of Your Disposa	able Income (Official Form 122C-2). On line 39 of the	
Part 3: Calc	ulate Your Com	nmitment Period	Under 11 U.S.C. §1325	5(b)(4)	
18. <b>Copy yo</b> ւ	ır total average mo	onthly income from l	ine 11		\$6,080.00
calculatin				is not filing with you, and you contend that to deduct part of your spouse's income, copy the	
		does not apply, fill in	0 on line 19a		<b>-</b> \$0.00
19b. Subtr	act line 19a from li	ne 18.			\$6,080.00
20. Calculate	your current mon	thly income for the y	year. Follow these steps.		
20a. Copy I	ine 19b				\$6,080.00
Multipl	y by 12 (the numbe	er of months in a yea	r).		<b>x</b> 12
·		·			
20b. The re	sult is your current	monthly income for t	he year for this part of the f	form.	\$72,960.00
20c. Copy t	he median family ir	ncome for your state	and size of household from	line 16c	\$80,321.00
21. <b>How do t</b>	he lines compare?				
☑ Line 20	b is less than line 2		e ordered by the court, on the	he top of page 1 of this form, check box 3,	
Line 20	b is more than or e	=	ess otherwise ordered by th	e court, on the top of page 1 of this form,	
Part 4: Sign		•			
		y of periury I declare	that the information on this	statement and in any attachments is true and correc	it.
•	-			·	
	Anthony J. Olive	ri, Jr.		/s/ Debra Lynn Oliveri	
Sig	nature of Debtor 1			Signature of Debtor 2	
Da	te 11/01/2023 MM/ DD/ YYYY	<del></del>		Date 11/01/2023 MM/ DD/ YYYY	
•		ill out or file Form 12		of that form, copy your current monthly income from l	

Desc